PTO/SB/122 (10-01

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 09/849,637 **Application Number** CHANGE OF Filing Date May 4, 2001 DRRESPONDENCE ADDRESS **First Named Inventor** Dov Malonek Application Art Unit 3762 Address to: **Examiner Name** N/A Assistant Commissioner for Patents Washington, D.C. 20231 501049.20539 Attorney Docket Number Please change the Correspondence Address for the above-identified application to: Place Customer 026418 **Customer Number** Number Bar Code Label here Type Customer Number here OR Firm or William H. Dippert **Individual Name** Address **Address** 599 Lexington Avenue, 29th Floor NY 10022-7650 City **New York** ZIP State US Country Telephone 212-521-5400 212-521-5450 Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). RECEIVED I am the: JAN 1 7 2003 Applicant/Inventor. TECHNOLOGY CENTER R3700 Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number __ Typed or Printed Name William H. Dippert Wellin 4. Signature

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